

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) ▼

8735 Henderson Road

☐ Check if different than previously reported. (ACC)

Tampa

FL

33634

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00390575

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☒ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

07

01

2015

12

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maurice Hebert

Signature of Treasurer

Maurice Hebert

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

01

27

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">111106.84</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">116191.70</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">118245.18</span>	<span style="border: 1px solid black; padding: 2px;">236330.04</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">234436.88</span>	<span style="border: 1px solid black; padding: 2px;">347436.88</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">87000.00</span>	<span style="border: 1px solid black; padding: 2px;">200000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">147436.88</span>	<span style="border: 1px solid black; padding: 2px;">147436.88</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
07	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y
12	/	31	/	2015

**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

104422.11

172525.07

(ii) Unitemized .....

8823.07

51304.97

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

113245.18

223830.04

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

113245.18

223830.04

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

5000.00

5000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

7500.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

118245.18

236330.04

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

118245.18

236330.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	156000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	37000.00	44000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	87000.00	200000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87000.00	200000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	113245.18	223830.04
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	113245.18	223830.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19660

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20180

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20408

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20741

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21136

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20834

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21382

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21642

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21896

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22159

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22413

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Harvey D. Anderson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22669

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22914

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Harvey D. Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23380

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Margaret Anderson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19626

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 11 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20152

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21071

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21107

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20805

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21350

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21613

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Margaret Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21867

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Margaret Anderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22125

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22382

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22638

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22884

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Margaret Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23440

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

## **B. Vanessa Lea Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23034

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Vanessa Lea Anderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23320

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19707

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20225

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20451

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.49

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	4		2	0	1	5		

Transaction ID : SA11AI.20723

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	8		2	0	1	5		

Transaction ID : SA11AI.21182

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		1	1		2	0	1	5		

Transaction ID : SA11AI.20879

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21433

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21688

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21940

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ▶

62.49

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22203

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22460

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Joseph Anselmo

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22712

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22958

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Joseph Anselmo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23361

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19816

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20331

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20557

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20719

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21295

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21009

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21552

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21809

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22062

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22320

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22579

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22825

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23070

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23356

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19648

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20171

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20399

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20731

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21127

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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Full Name (Last, First, Middle Initial)

**A. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20825

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21369

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21632

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.21886

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22149

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Timothy W. Atkinson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22403

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22659

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22904

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23369

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19650

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Angel L. Ballew

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20401

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20733

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21129

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20827

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21372

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21634

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21888

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22151

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22405

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22661

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22906

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23371

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19640

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

146.92

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20164

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20392

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1094.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21055

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.60

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21120

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1234.60

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20818

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1304.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21362

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 37 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1374.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21625

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1444.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21879

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1514.60

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22141

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1584.60

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22396

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Richard O. Banner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1654.60

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22652

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. Richard O. Banner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1724.60

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22898

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

210.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard O. Banner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1794.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23424

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**B. Daisy V. Barrera**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21949

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19718

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

108.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 40 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20235

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20463

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20616

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21190

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20887

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21441

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21698

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21950

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22212

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22470

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22720

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa A. Bartley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22967

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa A. Bartley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23255

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19786

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20300

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20529

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20689

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21264

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20969

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21520

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21777

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Bruce A. Bershad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SA11AI.19771**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Bruce A. Bershad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SA11AI.20285**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Bruce A. Bershad**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.20671**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19724

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20241

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20469

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20622

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21196

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20893

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21447

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21704

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21956

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22218

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22476

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22726

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22973

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sean L. Bird**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23261

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Phillip P. Bisesi**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20976

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21526

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21783

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22037

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22295

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22554

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Phillip P. Bisesi

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22799

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Phillip P. Bisesi**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23044

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Phillip P. Bisesi**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

Wellcare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23330

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19704

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 56 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20222

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20449

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20782

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott B. Black**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21179

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19787

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20301

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20530

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20690

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21265

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 59 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20970

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21521

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21778

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22032

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22290

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22549

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SA11AI.22794**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.23039**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jason T. Bollent**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.23325**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Edward J. Brogan

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20290

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Edward J. Brogan

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20517

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Edward J. Brogan

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20676

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11AI.21251

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11AI.20951

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.21500

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21759

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22010

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22273

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22530

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

403.83

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22777

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.23023

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Edward J. Brogan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23308

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19780

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20294

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20521

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20680

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21256

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20958

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21505

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21763

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kimya M. Brown

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22014

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kimya M. Brown

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22277

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kimya M. Brown

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22781

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23026

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kimya M. Brown**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23311

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20936

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan A. Buffenstein

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21487

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Alan A. Buffenstein

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21745

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Alan A. Buffenstein

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21997

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22260

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22517

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22765

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23011

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Alan A. Buffenstein**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23296

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19608

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20134

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20362

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21085

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21089

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20787

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21332

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21595

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21849

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22106

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

PAGE 77 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22363

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22621

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22867

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kenneth A. Burdick**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5192.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23453

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19617

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20143

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

384.60

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20371

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.21062

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21098

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 80 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Burke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20796

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21341

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John Burke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21604

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21858

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22116

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. John Burke

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22371

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22629

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22875

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John Burke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23431

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19802

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20318

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20545

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20707

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21280

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20991

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2015

Transaction ID : SA11AI.21538

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2015

Transaction ID : SA11AI.21795

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : SA11AI.22049

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 86 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22307

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22566

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22811

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23056

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Amy Carr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23342

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19760

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20276

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20504

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20662

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21237

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20935

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21486

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21744

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21996

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22259

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22516

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22764

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23010

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Christine K. Cashen**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23295

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Laurence M. Cassar**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 04 2015

Transaction ID : SA11AI.22841

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Laurence M. Cassar**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.23085

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

38.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laurence M. Cassar**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23242

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19672

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20191

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

86.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20419

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20752

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21147

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20845

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21393

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21653

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21906

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22170

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22423

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22679

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22924

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robert A. Champagne**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23390

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 98 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20272

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20500

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20658

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21232

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20931

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21482

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21740

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21992

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22255

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 101 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22512

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22760

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.23006

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 102 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Donna M. Chapman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23291

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Frederick A. Chism**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19687

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Frederick A. Chism**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20206

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Frederick A. Chism**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20433

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Frederick A. Chism**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20766

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19734

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20250

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20478

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20633

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21207

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20904

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21458

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21715

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21967

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22230

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22488

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22736

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22983

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23271

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19690

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20209

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 OF 892

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20436

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20769

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21164

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

**A. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20865

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21413

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21673

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21926

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22189

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22447

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22699

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22945

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas Clegg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23409

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19703

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20448

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 114 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20781

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21177

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20876

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21424

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21684

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Ann C. Cox

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21936

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22199

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22456

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22708

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 117 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22954

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ann C. Cox**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23418

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20255

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20483

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20638

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21213

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20910

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21463

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21720

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21973

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22236

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Benjamin M. Craig

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22493

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 04 2015

Transaction ID : SA11AI.22742

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.22987

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Benjamin M. Craig**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23275

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19671

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20190

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20418

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20751

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21146

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Justin R. Cramer

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20844

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 124 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21392

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21652

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21905

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 125 OF 892

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22169

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22422

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22678

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22923

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Justin R. Cramer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23389

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19666

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 127 OF 892  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20186

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20414

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20747

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 128 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21142

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20840

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21388

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 129 OF 892

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Full Name (Last, First, Middle Initial)

**A. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21649

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21902

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22166

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

**A. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22419

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22675

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Cubero**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

Transaction ID : SA11AI.22920

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

A. Christopher C. Cubero

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23386

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19773

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Daniel Cup Choy

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20287

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20514

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20673

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21248

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20947

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21497

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21755

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 892

(check only one)

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22007

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22270

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22527

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 135 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22774

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23020

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Daniel Cup Choy**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23305

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19619

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20145

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20373

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.21064

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21100

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20798

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 138 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21343

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21606

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21860

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22118

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22373

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. David Cure**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22631

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22877

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Cure**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23433

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19738

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

211.53

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20254

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20482

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20637

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21212

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20909

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21462

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21719

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21972

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22235

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22492

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22741

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa R. Darley

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

Transaction ID : SA11AI.22986

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa R. Darley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23274

Amount of Each Receipt this Period

92.3

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19634

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20159

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20387

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.21078

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. William W. Davies

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21115

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 147 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20813

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21357

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21620

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 148 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21874

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22133

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22390

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22646

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22892

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. William W. Davies**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23447

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19740

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20256

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Natalie D. Davis

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20484

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20639

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21214

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20911

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

Transaction ID : SA11AI.21464

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2015

Transaction ID : SA11AI.21721

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : SA11AI.21974

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22237

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22494

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22743

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 154 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Natalie D. Davis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22988

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19659

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20179

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 155 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20407

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20740

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21135

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 156 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20833

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21378

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21640

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21894

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22157

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22411

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22667

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22912

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Christopher C. Dawes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23378

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19705

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20223

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20585

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.52

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.28

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20728

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.12

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21180

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.96

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20877

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.52

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21431

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

B. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.64

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 09 2015

Transaction ID : SA11AI.21686

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

C. Valerie DeBoe

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21938

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ►

86.52

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22201

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22458

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22710

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22956

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. Valerie DeBoe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23366

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19719

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.91

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 164 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20236

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20464

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20617

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21191

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20888

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21443

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21699

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21951

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22213

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22471

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22721

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Desiree Demonbreun**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22968

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 168 OF 892

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Desiree Demonbreun

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23256

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 04 2015

Transaction ID : SA11AI.22668

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Francis P. Dempsey

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.22913

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 892

(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Francis P. Dempsey**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23379

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sara Dersch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19781

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sara Dersch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20295

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20522

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20681

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21257

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20959

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21506

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sara Dersch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21764

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 172 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sara Dersch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22015

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sara Dersch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22278

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sara Dersch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22534

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sara Dersch

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22782

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sara Dersch

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23027

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Sara Dersch

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23312

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Polak N. Desai

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.22002

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Polak N. Desai

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2015

Transaction ID : SA11AI.22265

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Polak N. Desai

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 20 2015

Transaction ID : SA11AI.22522

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 175 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Polak N. Desai**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22770

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Polak N. Desai**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23016

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Polak N. Desai**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23301

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19699

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20217

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20445

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20778

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21174

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Grace Diaz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20873

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 178 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Grace Diaz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21421

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Grace Diaz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21681

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Grace Diaz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21933

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 179 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Grace Diaz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22196

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19731

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20247

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 180 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20475

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20630

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21203

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 181 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20901

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21455

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21712

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21964

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22226

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lisa M. Eilers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22485

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22733

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22980

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Lisa M. Eilers

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23268

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19728

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20245

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 31 2015

Transaction ID : SA11AI.20473

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 185 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20628

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21201

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20898

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 186 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21452

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21710

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21962

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22224

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22482

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carolyn M. Enzinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22731

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.22978

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Carolyn M. Enzinna

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23266

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Thomas M. Everett

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19664

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 189 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20184

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20412

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20745

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21140

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20838

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21386

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21647

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21900

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22164

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22417

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22673

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22918

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas M. Everett**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23384

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa R. Faust**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23316

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20977

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21527

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21784

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22038

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John Featherston

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22296

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. John Featherston

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22555

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John Featherston

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22800

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23045

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. John Featherston**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23331

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19733

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20249

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20477

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20632

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 198 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

Transaction ID : SA11AI.21205

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : SA11AI.20903

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : SA11AI.21457

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21714

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21966

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22229

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22487

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22735

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22982

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Hector L. Feliciano**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23270

Amount of Each Receipt this Period

92.33

Full Name (Last, First, Middle Initial)

**B. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19614

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.33

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20140

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20368

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.21059

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1653.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21095

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1749.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20793

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21338

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1942.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21601

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2038.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21855

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2134.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22113

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Traci L. Ferguson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2230.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22368

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2326.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22626

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2422.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22872

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2519.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23428

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21258

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20960

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21507

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21765

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22017

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22279

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 208 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22535

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22783

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23028

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Robert L. Flohr**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23313

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19708

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20226

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20452

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20724

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21183

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20880

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21434

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

c. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21689

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21941

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22204

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

c. Ryan B. Fogarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22461

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22713

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22959

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Ryan B. Fogarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23362

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2015

Transaction ID : SA11AI.19712

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

Transaction ID : SA11AI.20229

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015

Transaction ID : SA11AI.20455

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20727

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21186

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20883

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21437

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21692

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Dalvin Ford

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21944

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22207

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22464

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22716

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.49

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22962

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Dalvin Ford**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.41

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23365

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19675

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

80.12

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : SA11AI.20194

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : SA11AI.20422

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

Transaction ID : SA11AI.20755

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21150

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20848

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21396

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21656

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.21909

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22173

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22426

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22682

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22927

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marjorie P. Forgang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23393

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19663

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20183

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.20411**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.20744**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

**Transaction ID : SA11AI.21139**

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 225 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20837

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21385

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21646

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.21899

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 06 2015

Transaction ID : SA11AI.22163

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 20 2015

Transaction ID : SA11AI.22416

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22672

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22917

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Vincent L. Frakes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23383

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19753

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20270

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20498

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 229 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20655

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21230

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20929

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21480

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21738

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21990

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 231 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22253

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22510

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Paul H. Frank**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22758

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 18 / 2015

Transaction ID : SA11AI.23004

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Paul H. Frank

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : SA11AI.23289

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Dana French

Mailing Address 8735 Henderson Avenue

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
 07 / 02 / 2015

Transaction ID : SA11AI.19647

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20170

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20398

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20730

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 234 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21125

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20824

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21368

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21631

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21885

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dana French**

Mailing Address 8735 Henderson Avenue

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22147

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 236 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22402

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22658

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22903

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dana French**

Mailing Address 8735 Henderson Avenue

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23368

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20889

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21442

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21700

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21952

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22214

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonard Genco**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22472

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonard Genco**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22722

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonard Genco**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22969

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 240 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonard Genco**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23257

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19727

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20244

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20472

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20625

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21199

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 242 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20896

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21450

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21707

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21959

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22221

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22479

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 244 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22729

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22976

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael A. Gerasimovich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23264

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 245 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21469

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21727

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21979

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 246 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22242

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22499

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22748

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22994

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Roger T. Gerlach**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23280

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19681

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 248 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20201

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20428

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20761

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21156

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20854

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21402

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21663

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21915

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22179

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22433

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22688

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22932

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth A. Gianini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23397

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19615

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20141

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

**A. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20369

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.21060

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21096

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Full Name (Last, First, Middle Initial)

**A. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20794

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21339

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21602

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21856

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22114

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22369

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22627

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22873

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Louis Gianquinto, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23429

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19697

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20215

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20442

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20776

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21172

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20871

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21419

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21679

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Sabrina H. Gibson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21931

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22194

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22452

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22704

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 261 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22950

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sabrina H. Gibson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23414

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19737

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20253

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20481

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20636

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21211

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20908

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21461

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21718

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21971

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22234

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22491

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephanie R. Glass**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22740

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

07 / 02 / 2015

Transaction ID : SA11AI.19609

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20135

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20363

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21086

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 267 OF 892

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21090

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20788

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21333

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21596

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

B. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21850

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

C. Elizabeth Goodman

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22108

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ▶

576.90

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22366

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22622

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

Transaction ID : SA11AI.22868

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 270 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth Goodman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5192.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23454

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19668

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20187

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

269.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20415

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20748

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Lori A. Gordon

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21143

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 272 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20841

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21389

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21650

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 273 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21903

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22167

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22420

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 274 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22676

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22921

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lori A. Gordon**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23387

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19706

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20224

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**c. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.24

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20450

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John D. Greeley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20729

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. John D. Greeley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21181

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**c. John D. Greeley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20878

Amount of Each Receipt this Period

28.84

SUBTOTAL of Receipts This Page (optional)..... ▶

86.52

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 277 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John D. Greeley**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

432.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9		2	5		2	0	1	5		

Transaction ID : SA11AI.21432

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. John D. Greeley**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

461.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		0	9		2	0	1	5		

Transaction ID : SA11AI.21687

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**c. John D. Greeley**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

490.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	0		2	3		2	0	1	5		

Transaction ID : SA11AI.21939

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

86.52

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.12

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22202

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.96

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22459

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**c. John D. Greeley**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.80

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22711

Amount of Each Receipt this Period

28.84

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

86.52

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John D. Greeley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22957

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**B. John D. Greeley**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23367

Amount of Each Receipt this Period

28.84

Full Name (Last, First, Middle Initial)

**C. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19642

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

103.83

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.05

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20166

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20394

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.35

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21053

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 281 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21122

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20820

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21364

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.95

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21627

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.10

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21881

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**C. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.25

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22143

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.40

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22398

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

B. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.55

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22655

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

C. Lori-Don M. Gregory

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.70

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22900

Amount of Each Receipt this Period

46.15

SUBTOTAL of Receipts This Page (optional)..... ►

138.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lori-Don M. Gregory**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23422

Amount of Each Receipt this Period

46.15

Full Name (Last, First, Middle Initial)

**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19662

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20182

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

123.07

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 285 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20410

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20743

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21138

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 286 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20836

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21384

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21644

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 287 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21898

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22162

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22415

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22671

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22916

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Patricia B. Guay

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23382

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SA11AI.19630**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SA11AI.20156**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.20384**

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 290 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21075

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21112

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20810

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 291 OF 892  
(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21354

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21617

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Haber**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21871

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22130

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22387

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22643

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22889

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Haber**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23444

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19715

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 294 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicole Hall**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20232

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nicole Hall**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20458

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nicole Hall**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20614

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21188

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20885

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Nicole Hall

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21439

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21696

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21947

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22210

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22468

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22718

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22965

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nicole Hall**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23253

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19679

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20198

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20426

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20759

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21154

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Matthew P. Halme

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20852

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Matthew P. Halme

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21400

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Matthew P. Halme

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21661

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21913

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22177

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22431

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22686

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Matthew P. Halme**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22930

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19669

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 303 OF 892

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20188

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20416

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Robin Hamel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20749

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21144

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20842

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Robin Hamel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21390

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19649

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20172

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20400

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

Transaction ID : SA11AI.20732

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

Transaction ID : SA11AI.21128

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.20826

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21371

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21633

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jason Hamilton**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21887

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22150

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22404

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22660

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 OF 892

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.22905

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jason Hamilton

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23370

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19752

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

**Transaction ID : SA11AI.20269**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

**Transaction ID : SA11AI.20497**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

**Transaction ID : SA11AI.20654**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21229

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20928

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21479

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 892

(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21737

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21989

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Cindy L. Hankin

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22252

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 313 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22509

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22757

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cindy L. Hankin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23003

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 314 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard M. Hanks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20737

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19627

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20153

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20381

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21072

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21108

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 316 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20806

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21351

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21614

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21868

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22126

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22383

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22639

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22885

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Craig M. Hansen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23441

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 319 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19693

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20212

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20439

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20773

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21169

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20868

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21416

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21676

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21929

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 322 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22192

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22450

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22702

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.22948**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Merrill J. Hausenfluck**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.23412**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SA11AI.19725**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 324 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20242

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20470

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20623

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 325 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21197

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20894

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21448

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21705

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21957

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22219

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 327 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22477

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

480.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22727

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22974

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Christine M. Hayes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23262

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19613

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20139

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20367

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21058

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21094

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20792

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21337

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21600

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21854

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22112

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22367

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22625

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22871

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Maurice Hebert**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23427

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19680

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20360

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20427

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20760

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21155

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20853

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21401

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21662

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21914

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22178

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22432

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22687

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22931

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Quinn A. Henderson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23396

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Troy Hildreth**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19689

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20208

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20435

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20768

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21163

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20864

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21412

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21672

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21925

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22188

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22446

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22698

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Troy Hildreth**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22944

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Troy Hildreth

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23408

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19623

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Robert L. Hilliard

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20149

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20377

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21068

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21104

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20802

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21347

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21610

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21864

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22122

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22378

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22635

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22881

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Robert L. Hilliard**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23437

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19692

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20211

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20438

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20772

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21167

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20867

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21415

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21675

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21928

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22191

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22449

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. William Hinsdale**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22701

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22947

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. William Hinsdale

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23411

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19790

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20304

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20692

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 28 2015

Transaction ID : SA11AI.21267

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : SA11AI.20974

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21524

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 354 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SA11AI.21781**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SA11AI.22035**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SA11AI.22293**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22552

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22797

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23042

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. John J. Hofstetter

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23328

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Marla P. Holcomb

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19629

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Marla P. Holcomb

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20155

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20383

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21074

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21110

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 358 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20808

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21353

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21616

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21870

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22128

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22385

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 360 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22642

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22887

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Marla P. Holcomb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23443

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19762

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20278

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20506

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20664

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21239

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20937

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 363 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21488

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21746

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21998

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SA11AI.22261**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

**Transaction ID : SA11AI.22518**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SA11AI.22766**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 365 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23012

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Christopher H. Horan**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23297

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19628

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

134.61

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SA11AI.20154**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.35

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

**Transaction ID : SA11AI.20382**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.21073**

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21109

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20807

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21352

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21615

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21869

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22127

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22384

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22640

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22886

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura Hungiville**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23442

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. David Hurter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19789

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David Hurter**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20303

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19749

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20266

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20494

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20651

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21226

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20925

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21476

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21734

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21986

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 374 OF 892

(check only one)

☒ 11a    ☐ 11b    ☐ 11c    ☐ 12  
☐ 13    ☐ 14    ☐ 15    ☐ 16    ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marlene Hyman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22249

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marlene Hyman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22506

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marlene Hyman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22754

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 375 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23000

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marlene Hyman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23286

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19694

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.92

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 376 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20213

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20440

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20774

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21170

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20869

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

c. Meghan A. Izzo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21417

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 378 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Meghan A. Izzo**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21677

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19701

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20220

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 379 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20447

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20780

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21176

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20875

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21423

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21683

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 381 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21935

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22198

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22455

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22707

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22953

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Goran Jankovic**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23417

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19637

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20162

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20390

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21081

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21118

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20816

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 385 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21360

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21623

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21877

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 386 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22136

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22393

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Hermilo O. Jazmines

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22649

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Full Name (Last, First, Middle Initial)

**A. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.22895

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Hermilo O. Jazmines**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23450

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20293

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20520

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20679

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21255

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20957

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21504

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21762

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Manuel C. Jimenez

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : SA11AI.22013

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Manuel C. Jimenez

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22276

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Manuel C. Jimenez

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22532

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22779

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23025

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Manuel C. Jimenez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23310

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19845

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20174

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20402

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20734

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21130

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20828

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21373

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21635

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21889

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22152

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22406

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22662

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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**A. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22907

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Walter C. Johnson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23372

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19817

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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Full Name (Last, First, Middle Initial)

**A. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20333

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20558

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20720

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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**A. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

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Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21297

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.21010

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21553

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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Full Name (Last, First, Middle Initial)

**A. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21810

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22063

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jacqueline M. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22321

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22580

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22826

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Jacqueline M. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23071

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23357

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19696

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20214

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20441

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20775

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21171

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

**Transaction ID : SA11AI.20870**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SA11AI.21418**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SA11AI.21678**

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21930

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22193

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Laura A. Jones**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22451

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22703

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22949

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Laura A. Jones

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23413

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine R. O. Karamatsu**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.22069

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Christine R. O. Karamatsu**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22327

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**c. Christine R. O. Karamatsu**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22585

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

30.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine R. O. Karamatsu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22832

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Christine R. O. Karamatsu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23076

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19620

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

116.15

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20146

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20374

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21065

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21101

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20799

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21344

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21607

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21861

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22119

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22374

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Paul Kensicki**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22632

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Paul Kensicki**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22878

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Paul Kensicki**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23434

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19757

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20274

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20502

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20660

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21234

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20933

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21484

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21742

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Full Name (Last, First, Middle Initial)

A. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21994

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22257

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22514

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

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Full Name (Last, First, Middle Initial)

**A. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22762

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23008

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Janet H. Kimbrough**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23293

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



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Full Name (Last, First, Middle Initial)

**A. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 02 / 2015

Transaction ID : SA11AI.19711

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

07 / 17 / 2015

Transaction ID : SA11AI.20228

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.20454

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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**A. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20726

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21185

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20882

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.49

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Full Name (Last, First, Middle Initial)

**A. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21436

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21691

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21943

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

62.49

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Full Name (Last, First, Middle Initial)

A. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22206

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22463

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22715

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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**A. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22961

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Thomas M. Kincaid**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.41

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23364

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**c. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19791

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.89

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Sharon L. King**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20306

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sharon L. King**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20533

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sharon L. King**

Mailing Address 8735 Henderson Road

City

Tampa

State

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Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20693

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

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Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 423 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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FL

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C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21268

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sharon L. King**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20975

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Sharon L. King**

Mailing Address 8735 Henderson Road

City

Tampa

State

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FEC ID number of contributing  
federal political committee.

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Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21525

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

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Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

A. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2015

Transaction ID : SA11AI.21782

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : SA11AI.22036

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Sharon L. King

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22294

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22553

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22798

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23043

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon L. King**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23329

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19714

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20231

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 427 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20457

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20613

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21695

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 428 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21946

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22209

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy A. Kirby**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22467

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

PAGE 429 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19621

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20147

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John J. Kirchner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20375

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.21066

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21102

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20800

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21345

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21608

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21862

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22120

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22376

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. John J. Kirchner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22633

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 433 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22879

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. John J. Kirchner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23435

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19677

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

230.76

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20196

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20424

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20757

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 435 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21152

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20850

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21398

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21658

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21911

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Lisa L. Knowles-Spruell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22175

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22428

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22684

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22929

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 438 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa L. Knowles-Spruell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23395

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19812

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20327

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20553

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20715

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21289

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21003

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21547

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21804

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 441 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephan Korda**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22058

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22316

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22575

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22820

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23065

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23351

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 443 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

07 / 02 / 2015

Transaction ID : SA11AI.19622

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

07 / 17 / 2015

Transaction ID : SA11AI.20148

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.20376

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 444 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21067

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21103

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20801

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21609

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21863

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22121

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22377

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22634

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22880

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Roman T. Kulich**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23436

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19638

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20163

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 448 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : SA11AI.20391

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	4		2	0	1	5		

Transaction ID : SA11AI.21082

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	8		2	0	1	5		

Transaction ID : SA11AI.21119

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 449 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : SA11AI.20817

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21361

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21624

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21878

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22137

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22394

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22650

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22896

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23451

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 452 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19729

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20246

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20474

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 453 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20629

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21202

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20900

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 454 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21454

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21711

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21963

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Ladonna Y. Latney-Battle

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22225

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Ladonna Y. Latney-Battle

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22484

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Ladonna Y. Latney-Battle

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22732

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 456 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22979

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ladonna Y. Latney-Battle**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23267

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19783

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 OF 892

(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20297

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20524

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20683

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 458 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21259

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20961

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21508

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 459 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21766

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22018

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22280

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22536

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22784

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23029

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica Lincoln**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23314

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19721

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20238

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20466

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20619

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21193

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20890

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21444

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21701

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21953

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22215

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22473

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22723

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22970

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23258

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19636

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20161

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Pam A. Lyons-Taylor

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20389

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21080

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21117

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20815

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 468 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21359

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21622

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21876

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22135

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22392

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22648

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22894

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23449

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Angela Marks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19809

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Angela Marks**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20325

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Thomas Martin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 04 2015

Transaction ID : SA11AI.22709

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Thomas Martin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.22955

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 472 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Thomas Martin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23419

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19796

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20312

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20539

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20699

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Joanna M. Maslanka

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21274

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 474 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20985

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21532

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21789

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22043

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22301

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22560

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22805

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23050

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Joanna M. Maslanka**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23336

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19618

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20144

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20372

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21063

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21099

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20797

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 479 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21342

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21605

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21859

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 480 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : SA11AI.22117

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			20			2015					

Transaction ID : SA11AI.22372

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

Transaction ID : SA11AI.22630

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22876

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Carole A. Matyas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23432

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19818

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20334

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20559

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20721

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21299

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.21012

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21555

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 484 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Faustino Mayo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21812

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Faustino Mayo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22066

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Faustino Mayo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22323

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22582

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22828

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Faustino Mayo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23073

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 486 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Faustino Mayo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23359

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19656

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20176

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 487 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20404

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20736

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21132

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20830

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21375

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21637

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 489 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21891

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22154

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ray McComb**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22408

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 490 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22664

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22909

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Ray McComb**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23374

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

07 / 02 / 2015

Transaction ID : SA11AI.19709

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.45

Date of Receipt

07 / 17 / 2015

Transaction ID : SA11AI.20227

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.28

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.20453

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20725

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21184

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20881

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62.49

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 493 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21435

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21690

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21942

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.09

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22205

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

B. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22462

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

C. Leslie D. McKenzie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22714

Amount of Each Receipt this Period

20.83

SUBTOTAL of Receipts This Page (optional)..... ►

62.49

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 495 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22960

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**B. Leslie D. McKenzie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23363

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19742

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

60.89

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 496 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20258

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20486

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20641

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21217

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20915

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21467

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 498 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21725

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21977

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22240

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22497

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22746

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22991

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sarah Helene McKinnie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23278

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Mark Megginson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22596

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Mark Megginson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22842

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

38.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19723

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20240

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20468

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20621

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21195

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20892

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 503 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21446

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21703

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21955

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22217

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22475

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22725

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22972

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. June Mellor**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23260

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19745

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 506 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20262

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20490

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20646

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21221

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20919

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21471

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 508 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21729

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21981

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Elizabeth M. Miller

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22244

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Full Name (Last, First, Middle Initial)

**A. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22501

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22750

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22996

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 510 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Elizabeth M. Miller**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23282

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19800

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20316

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 511 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20543

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20705

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21278

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 512 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20989

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21536

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21793

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 513 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.22047

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22305

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22564

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22809

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23054

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23340

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19633

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.33

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20310

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20537

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1403.79

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20697

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1423.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21272

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20980

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 517 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1461.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21529

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1480.71

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21786

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22040

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

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Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1519.17

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22298

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22557

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1557.63

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22802

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1576.86

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23047

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1596.09

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23333

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19803

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 520 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20319

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20546

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20708

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21282

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20995

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21540

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 522 OF 892

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21797

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22051

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22309

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 523 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22568

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22813

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy M. Mullen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.23058

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23344

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19815

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

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Tampa FL 33634

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federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20330

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

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Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 525 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20556

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20718

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21292

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21006

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21550

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22823

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 527 OF 892  
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23068

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathleen Mulqueen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23354

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19804

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20320

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20547

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20709

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21283

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20996

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21541

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21798

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22052

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22310

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22569

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22814

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kelly A. Munson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23059

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Kelly A. Munson

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23345

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Raymond Murray

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21002

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Raymond Murray

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21546

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21803

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22057

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22315

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22574

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22819

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23064

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Raymond Murray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23350

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Archilles M. Natsis**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wellcare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23239

Amount of Each Receipt this Period

7.69

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19612

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.07

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 536 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20138

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20366

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21057

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 537 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21093

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20791

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21336

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 538 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21599

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21853

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22111

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 539 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22365

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22624

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22870

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 540 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sharon Nisbet**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23426

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19673

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**c. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20192

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

173.07

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20420

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20753

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21148

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 542 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : SA11AI.20846

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21394

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21654

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21907

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22171

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22424

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22680

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22925

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael J. Orlosky**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23391

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
 Lutz FL 33558

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21530

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
 Lutz FL 33558

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21787

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
 Lutz FL 33558

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.22041

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
Lutz FL 33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22299

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
Lutz FL 33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22558

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City State Zip Code  
Lutz FL 33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22803

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 547 OF 892  
(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City	State	Zip Code
Lutz	FL	33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23048

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Benjamin Orris**

Mailing Address 19605 Intrigue Way

City	State	Zip Code
Lutz	FL	33558

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23334

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carole Ouimet**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19788

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 548 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20302

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20691

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 549 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21266

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20971

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21522

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 550 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21779

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22033

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22291

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 551 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

**A. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22550

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22795

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23040

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carole Ouimet**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23326

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19807

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20323

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 553 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20550

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20712

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21286

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20999

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21544

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21801

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.22055

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22313

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Nino A. Palermo

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22572

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 556 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22817

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23062

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nino A. Palermo**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23348

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21827

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22081

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22340

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional)..... ►

28.83

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 558 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22599

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22844

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**C. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23087

Amount of Each Receipt this Period

9.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

28.83

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23244

Amount of Each Receipt this Period

9.61

Full Name (Last, First, Middle Initial)

**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19611

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20137

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

201.91

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20365

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21056

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21092

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : SA11AI.20790

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21335

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21598

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21852

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22110

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19684

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20204

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20431

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20764

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21159

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20857

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21405

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SA11AI.21666**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SA11AI.21919**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

**Transaction ID : SA11AI.22182**

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 566 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22436

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22691

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22935

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret E. Peal**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23400

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Laura B. Phin**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23265

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21162

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 568 OF 892  
 (check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20859

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21407

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21668

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 569 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21921

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22184

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22438

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22693

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22938

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Anthony B. Piagentini**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23402

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Julia Pinckney

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19713

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Julia Pinckney

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20230

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Julia Pinckney

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20456

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

60.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20722

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21187

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20884

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 573 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21438

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21693

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21945

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 574 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22208

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22465

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22717

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

60.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22963

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. Julia Pinckney**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23360

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20263

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

59.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 576 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.76

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.20491

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20648

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21222

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cheryl L. Piskutz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20920

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Cheryl L. Piskutz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21472

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Cheryl L. Piskutz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21730

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21982

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22245

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22502

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22751

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22997

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cheryl L. Piskutz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23283

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 580 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19682

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20202

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20429

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 581 OF 892  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Transaction ID : SA11AI.20762

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : SA11AI.21157

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Transaction ID : SA11AI.20855

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 582 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21403

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21664

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sue Podbielski**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22103

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue Podbielski**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22180

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sue Podbielski**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22434

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Sue Podbielski**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22689

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Sue Podbielski**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22933

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Sue Podbielski**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23398

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19624

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

173.07



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 585 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20150

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20378

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21069

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21105

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20803

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21348

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21611

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21865

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22123

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Poland**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22380

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Patrick Poland**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22636

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Patrick Poland**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22882

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Poland**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23438

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19610

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20136

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

480.75

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 590 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20364

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21087

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21091

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

576.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 591 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20789

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21334

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21597

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21851

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22109

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22364

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22623

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22869

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Michael R. Polen**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5192.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23455

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christopher Price**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22445

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christopher Price**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22697

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christopher Price**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22943

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 595 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Christopher Price**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23407

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

## **B. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19759

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20275

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 596 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20503

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20661

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21236

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20934

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21485

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21743

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21995

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22258

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. William A. Prince**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22515

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22763

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23009

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. William A. Prince

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23294

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Margaret G. Pryce**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23237

Amount of Each Receipt this Period

7.69

Full Name (Last, First, Middle Initial)

**B. Michael Radu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 04 2015

Transaction ID : SA11AI.22651

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

**C. Michael Radu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.22897

Amount of Each Receipt this Period

76.92

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

161.53



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 601 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Radu**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23425

Amount of Each Receipt this Period

76.92

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19644

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20167

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

160.24

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 602 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20395

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20784

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21123

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ▶

124.98

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 603 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20821

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21365

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21628

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21882

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Jeffrey S. Ray**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22144

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19625

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

179.47

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1057.65

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20151

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20379

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21070

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 606 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21106

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20804

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21349

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 607 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

Transaction ID : SA11AI.21612

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			23			2015					

Transaction ID : SA11AI.21866

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Joiel Yvette Ray-Alexander**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

Transaction ID : SA11AI.22124

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22381

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22637

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22883

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

A. Joiel Yvette Ray-Alexander

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23439

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19808

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20324

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

134.61

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20551

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 14 2015

Transaction ID : SA11AI.20713

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21287

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21001

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21545

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Anne E. Read

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21802

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 612 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anne E. Read**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22056

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Anne E. Read**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22314

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anne E. Read**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22573

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Anne E. Read**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SA11AI.22818**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Anne E. Read**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.23063**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anne E. Read**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.23349**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 614 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19754

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20271

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David T. Reynolds**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20499

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20656

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21231

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20930

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21481

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21739

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21991

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22254

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22511

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22759

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23005

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23290

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19661

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

76.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20181

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20409

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20742

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21137

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20835

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21383

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 621 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21643

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21897

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 622 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22414

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22670

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Michael L. Ridenour**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22915

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael L. Ridenour

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23381

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. James Rodgers

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19700

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. James Rodgers

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20218

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20446

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20779

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21175

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 625 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20874

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21422

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. James Rodgers**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21682

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21934

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22197

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22454

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22706

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22952

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. James Rodgers**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33636

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23416

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19747

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20492

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20649

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20922

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21474

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21732

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 630 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21984

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22247

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22504

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22753

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22999

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Remedios Rodriguez**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23285

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19635

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20160

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20388

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21079

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21116

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20814

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21358

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

10 / 09 / 2015

Transaction ID : SA11AI.21621

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

10 / 23 / 2015

Transaction ID : SA11AI.21875

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22134

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22391

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Lauralie M. Rubel

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22647

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22893

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Lauralie M. Rubel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23448

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19670

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

230.76

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20189

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20417

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20750

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 638 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21145

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20843

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21391

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21651

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21904

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22168

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 640 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22421

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22677

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22922

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Rachael R. Rudd**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23388

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19691

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20210

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 642 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20437

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20770

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21165

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20866

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21414

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21674

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 644 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21927

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22190

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22448

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22700

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22946

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Christine Ruediger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23410

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 646 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19756

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20273

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20501

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20659

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21233

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20932

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 648 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21483

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21741

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21993

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22256

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 20 / 2015

Transaction ID : SA11AI.22513

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Phyllis J. Ruska**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22761

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 650 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 18 2015

Transaction ID : SA11AI.23007

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Phyllis J. Ruska

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23292

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19741

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 651 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20257

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20485

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20640

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Full Name (Last, First, Middle Initial)

**A. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21215

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20912

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21465

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 653 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21722

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21975

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22238

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22495

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22744

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Patricia A. Russell**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22989

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Patricia A. Russell

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23276

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19665

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Abby Dritz Salzer

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20185

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 656 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Transaction ID : SA11AI.20413

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Transaction ID : SA11AI.20746

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : SA11AI.21141

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20839

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

## **B. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21387

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

## **C. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21648

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 658 OF 892

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21901

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22165

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22418

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22674

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22919

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Abby Dritz Salzer**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23385

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19685

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20205

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20432

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20765

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21160

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20858

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 662 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21406

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21667

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21920

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22183

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22437

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22692

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 664 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22937

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marie E. Samerson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23401

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19777

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 665 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20291

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20518

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20677

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 666 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21253

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20955

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21502

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21761

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22012

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. David J. Sand**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22275

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 668 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19732

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20248

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Tracy M. Schmidt

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20476

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.91

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20631

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21204

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20902

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21456

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 09 2015

Transaction ID : SA11AI.21713

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21965

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.29

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22228

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

469.52

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22486

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.75

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22734

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 672 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22981

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Tracy M. Schmidt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

527.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23269

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19775

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 673 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Hania Schwartz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20289

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Hania Schwartz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20516

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Hania Schwartz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20675

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 674 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21250

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20949

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21499

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 675 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hania Schwartz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21757

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hania Schwartz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22009

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hania Schwartz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22272

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 676 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22529

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22776

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23022

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Hania Schwartz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23307

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19769

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20283

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 678 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20511

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20669

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21244

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20942

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21493

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21751

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 680 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22003

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22266

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22523

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20946

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21496

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21754

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22006

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22269

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22526

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 683 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22773

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23019

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Howard Shaps**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23304

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19641

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20165

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elliott A. Shaw, Jr.

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20393

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.21054

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21121

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20819

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 686 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21363

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21626

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21880

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 687 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

11 / 06 / 2015

Transaction ID : SA11AI.22142

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22397

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22653

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 688 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22899

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Elliott A. Shaw, Jr.**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23423

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19765

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.23



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20279

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20507

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20665

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21240

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20938

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21489

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21747

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21999

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22262

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 692 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randall Simmons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22519

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randall Simmons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22767

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Randall Simmons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23013

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

## **A. Randall Simmons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23298

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **B. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19798

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

## **C. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20314

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 694 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20701

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21276

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 695 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20987

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21534

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21791

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22045

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22303

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22562

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 697 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22807

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23052

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23338

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 698 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

Transaction ID : SA11AI.19631

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	7		2	0	1	5		

Transaction ID : SA11AI.20157

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				3	1		2	0	1	5		

Transaction ID : SA11AI.20385

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21076

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21113

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20811

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

288.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21355

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21618

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

c. Alan R. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.21872

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 701 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2015			

Transaction ID : SA11AI.22131

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

Transaction ID : SA11AI.22388

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2015			

Transaction ID : SA11AI.22644

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ▶

288.45

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22890

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23445

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Randall W. Smith**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22439

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

230.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22694

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22939

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Randall W. Smith

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23403

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19736

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20252

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20480

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.20635**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

**Transaction ID : SA11AI.21210**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

**Transaction ID : SA11AI.20907**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 706 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21460

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21717

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21970

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 707 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22233

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22490

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22739

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 708 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22985

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Philip G. Stalas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23273

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19674

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20193

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20421

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20754

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 710 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21149

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20847

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21395

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21655

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21908

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22172

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22425

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22681

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22926

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Carol H. Steckel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.23392**

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SA11AI.19743**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

**Transaction ID : SA11AI.20259**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

76.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20487

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20643

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21218

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20916

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21468

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21726

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.21978

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2015

Transaction ID : SA11AI.22241

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

c. Wesley K. Stiger

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 20 2015

Transaction ID : SA11AI.22498

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 717 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22747

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22993

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Wesley K. Stiger**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23279

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19658

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20178

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Derek A. Stratman

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20406

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 719 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20739

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21134

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20832

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 720 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21377

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21639

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21893

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22156

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22410

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22666

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 722 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22911

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Derek A. Stratman**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23377

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19766

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 723 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20280

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20508

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20666

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 724 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21241

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20939

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21490

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21748

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22000

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22263

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22520

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22768

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shunae E. Thomas

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23014

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 OF 892  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Shunae E. Thomas**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23299

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19676

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20195

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 728 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20423

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20756

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21151

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 729 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20849

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21397

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21657

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.21910

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 06 2015

Transaction ID : SA11AI.22174

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Cynthia Thompson

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 20 2015

Transaction ID : SA11AI.22427

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22683

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22928

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Cynthia Thompson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23394

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 732 OF 892  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		0	2		2	0	1	5		

Transaction ID : SA11AI.19607

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2884.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		1	7		2	0	1	5		

Transaction ID : SA11AI.20133

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3076.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : SA11AI.20361

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 733 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.21084

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21088

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3653.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20786

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)..... ►

576.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21331

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4038.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21594

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21848

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4422.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22105

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22362

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Blair Todt**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22620

Amount of Each Receipt this Period

192.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

576.90

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 736 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22866

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**B. Blair Todt**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5192.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23452

Amount of Each Receipt this Period

192.30

Full Name (Last, First, Middle Initial)

**C. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21300

Amount of Each Receipt this Period

11.53

SUBTOTAL of Receipts This Page (optional)..... ►

396.13

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.07

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.21015

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**B. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015

Transaction ID : SA11AI.21557

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**C. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.13

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2015

Transaction ID : SA11AI.21814

Amount of Each Receipt this Period

11.53

SUBTOTAL of Receipts This Page (optional)..... ►

34.59

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22068

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**B. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.19

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22326

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**C. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.72

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22584

Amount of Each Receipt this Period

11.53

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

34.59

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 739 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22831

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**B. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23075

Amount of Each Receipt this Period

11.53

Full Name (Last, First, Middle Initial)

**C. Mary Jane Toomey**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23251

Amount of Each Receipt this Period

11.53

SUBTOTAL of Receipts This Page (optional)..... ►

34.59

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 740 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20624

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21198

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20895

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21449

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 09 2015

Transaction ID : SA11AI.21706

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.21958

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 742 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22220

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22478

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22728

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22975

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crysten C. Troutman**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23263

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19767

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20281

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20509

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20667

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 745 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21242

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20940

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21491

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2015

Transaction ID : SA11AI.21749

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 23 / 2015

Transaction ID : SA11AI.22001

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Anthony J. Valdes

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 06 / 2015

Transaction ID : SA11AI.22264

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22521

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22769

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23015

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Anthony J. Valdes**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23300

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19698

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20216

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

96.15

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 749 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20443

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20777

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21173

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20872

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21420

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21680

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21932

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22195

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22453

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 752 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22705

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.22951

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Lisa VanSteelant**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23415

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 753 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

269.22

Date of Receipt

07 / 02 / 2015

Transaction ID : SA11AI.19797

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonel Viel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.45

Date of Receipt

07 / 17 / 2015

Transaction ID : SA11AI.20313

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonel Viel**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

07 / 31 / 2015

Transaction ID : SA11AI.20540

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 754 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20700

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonel Viel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21275

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonel Viel**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20986

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21533

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21790

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22044

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22302

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22561

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22806

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 757 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23051

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Leonel Viel**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23337

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Karen J. Viera**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19748

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Karen J. Viera**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20265

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Karen J. Viera**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20493

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Karen J. Viera**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20650

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21225

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.20924

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Karen J. Viera

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21475

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 OF 892

(check only one)

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---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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Full Name (Last, First, Middle Initial)

A. Karen J. Viera

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21733

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Karen J. Viera

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21985

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Karen J. Viera

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22248

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 761 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Karen J. Viera**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22505

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19814

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20329

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 762 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7		3	1		2	0	1	5		

Transaction ID : SA11AI.20555

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		1	4		2	0	1	5		

Transaction ID : SA11AI.20717

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8		2	8		2	0	1	5		

Transaction ID : SA11AI.21291

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.21005

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21549

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21807

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 23 2015

Transaction ID : SA11AI.22060

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 06 2015

Transaction ID : SA11AI.22318

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 20 2015

Transaction ID : SA11AI.22577

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 765 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 04 2015

Transaction ID : SA11AI.22822

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 18 2015

Transaction ID : SA11AI.23067

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Timothy R. Waggoner**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23353

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19785

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20299

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 31 2015

Transaction ID : SA11AI.20528

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 767 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20688

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21263

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20968

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21519

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21776

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22029

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22288

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22547

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22792

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23037

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Ballard P. Walden**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23323

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19750

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 771 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20267

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20495

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20652

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 772 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21227

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20926

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

09 / 25 / 2015

Transaction ID : SA11AI.21477

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21735

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21987

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22250

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 774 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22507

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22755

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Crystal W. Walker**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23001

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Crystal W. Walker

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23287

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.24

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19645

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

C. Ed Wang

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20168

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

102.55

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 776 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20396

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20785

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21124

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ▶

124.98

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 777 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20822

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21366

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21629

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21883

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

958.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22145

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Ed Wang**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22399

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

124.98

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 779 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1041.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22656

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22901

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**C. Ed Wang**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1124.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23421

Amount of Each Receipt this Period

41.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

124.98

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 780 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19799

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20315

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20542

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 781 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20702

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21277

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20988

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 782 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21535

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21792

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22046

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 783 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22304

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22563

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22808

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 784 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23053

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Kathy C. Warner**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23339

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19683

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.92

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20203

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20430

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20763

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 786 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21158

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20856

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21404

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 787 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21665

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.21918

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dale Washington**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22181

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 788 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

11 / 20 / 2015

Transaction ID : SA11AI.22435

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

12 / 04 / 2015

Transaction ID : SA11AI.22690

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

12 / 18 / 2015

Transaction ID : SA11AI.22934

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

115.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Dale Washington**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23399

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20169

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20397

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

118.46

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 790 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20783

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. William K. Watson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21126

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. William K. Watson**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20823

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 791 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21367

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21630

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21884

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

120.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 792 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22146

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. William K. Watson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

920.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22401

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. William K. Watson**

Mailing Address 8735 Henderson Road

City

Tampa

State

FL

Zip Code

33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22657

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22902

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. William K. Watson**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23420

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. Nikita M. Weinberg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21511

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

99.23

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Nikita M. Weinberg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SA11AI.21770**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nikita M. Weinberg**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

**Transaction ID : SA11AI.22020**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

**Transaction ID : SA11AI.20674**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21249

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20948

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21498

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 796 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21756

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22008

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22271

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22528

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22775

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Marcia L. Welch**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23021

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Marcia L. Welch

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23306

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19751

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20268

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 799 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20496

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20653

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21228

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20927

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21478

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21736

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21988

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22251

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Richard A. Wellons

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22508

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22756

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23002

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Richard A. Wellons**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23288

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Richard Wells

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.63

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 12 31 2015

Transaction ID : SA11AI.23236

Amount of Each Receipt this Period

7.69

Full Name (Last, First, Middle Initial)

B. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 02 2015

Transaction ID : SA11AI.19657

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 07 17 2015

Transaction ID : SA11AI.20177

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

84.61

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20405

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jessica White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20738

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jessica White**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21133

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 805 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Jessica White**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20831

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Jessica White**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21376

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Jessica White**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21638

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21892

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22155

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22409

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22665

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22910

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

C. Jessica White

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23376

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marketa Wills**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2015

Transaction ID : SA11AI.22695

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Marketa Wills**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2015

Transaction ID : SA11AI.22940

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Marketa Wills**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2015

Transaction ID : SA11AI.23404

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 809 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19678

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20197

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20425

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ▶

115.38

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.20758

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21153

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20851

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21399

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21660

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21912

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22176

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Barbara A. Witte**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22430

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Nancy Wohlhart**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19778

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20292

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20519

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20678

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 814 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21254

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20956

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Nancy Wohlhart**

Mailing Address 8735 Henderosn Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21503

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

57.69

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19806

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20322

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20549

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20711

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21285

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20998

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21543

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21800

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22054

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22312

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22571

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Randolph S. Wojnarowicz

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22816

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 819 OF 892

(check only one)

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23061

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Randolph S. Wojnarowicz**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23347

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Chang Xie**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19813

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20328

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20554

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20716

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

Transaction ID : SA11AI.21290

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

Transaction ID : SA11AI.21004

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

Transaction ID : SA11AI.21548

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21805

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22059

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**c. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22317

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22576

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22821

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23066

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Chang Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23352

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19770

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20284

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 825 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20512

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20670

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21245

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20943

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21494

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Shaojuan Xie**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21752

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 827 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.22004

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22267

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22524

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22771

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23017

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Shaojuan Xie

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23302

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19632

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20158

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20386

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

08 / 14 / 2015

Transaction ID : SA11AI.21077

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 28 / 2015

Transaction ID : SA11AI.21114

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

09 / 11 / 2015

Transaction ID : SA11AI.20812

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21356

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21619

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21873

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22132

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22389

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22645

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

**Transaction ID : SA11AI.22891**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Yan Xiong**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

**Transaction ID : SA11AI.23446**

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

**Transaction ID : SA11AI.19801**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

211.53

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20317

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20544

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20706

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21279

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20990

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21537

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21794

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22048

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22306

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22565

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22810

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23055

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 838 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23341

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19735

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20251

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 839 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20479

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20634

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21209

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

**Transaction ID : SA11AI.20906**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SA11AI.21459**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SA11AI.21716**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 841 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21969

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22232

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22489

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22738

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22984

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23272

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19716

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20233

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20459

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20615

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21189

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20886

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 845 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21440

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21697

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21948

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 846 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22211

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22469

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22719

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 847 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22966

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Belinda Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23254

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. JoJo M. Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20696

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 28 2015

Transaction ID : SA11AI.21271

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 11 2015

Transaction ID : SA11AI.20979

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 25 2015

Transaction ID : SA11AI.21528

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. JoJo M. Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21785

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. JoJo M. Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.22039

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. JoJo M. Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22297

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22556

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22801

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. JoJo M. Young

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.23046

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. JoJo M. Young**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2015

Transaction ID : SA11AI.23332

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1346.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 02 2015

Transaction ID : SA11AI.19616

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2015

Transaction ID : SA11AI.20142

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

211.53

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20370

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.21061

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 28 / 2015

Transaction ID : SA11AI.21097

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1826.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2015

Transaction ID : SA11AI.20795

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**B. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21340

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

**C. Michael Carl Yount**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21603

Amount of Each Receipt this Period

96.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

288.45

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 23 2015

Transaction ID : SA11AI.21857

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2211.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 06 2015

Transaction ID : SA11AI.22115

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 20 2015

Transaction ID : SA11AI.22370

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2403.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22628

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

B. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22874

Amount of Each Receipt this Period

96.15

Full Name (Last, First, Middle Initial)

C. Michael Carl Yount

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2596.05

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23430

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional)..... ►

288.45

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 856 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19722

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20239

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20467

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20620

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21194

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20891

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2015

Transaction ID : SA11AI.21445

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 09 / 2015

Transaction ID : SA11AI.21702

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2015

Transaction ID : SA11AI.21954

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2015

Transaction ID : SA11AI.22216

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22474

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22724

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22971

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23259

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19744

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20261

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20489

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 14 / 2015

Transaction ID : SA11AI.20645

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 28 2015

**Transaction ID : SA11AI.21220**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 11 2015

**Transaction ID : SA11AI.20918**

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2015

**Transaction ID : SA11AI.21470**

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 863 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SA11AI.21728

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

MM / DD / YYYY  
10 / 23 / 2015

Transaction ID : SA11AI.21980

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Le Zheng**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

MM / DD / YYYY  
11 / 06 / 2015

Transaction ID : SA11AI.22243

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

A. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 20 / 2015

Transaction ID : SA11AI.22500

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

B. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22749

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

C. Le Zheng

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22995

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 865 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Le Zheng**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23281

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2015

Transaction ID : SA11AI.19653

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2015

Transaction ID : SA11AI.20175

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

96.15

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 866 OF 892

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : SA11AI.20403

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2015

Transaction ID : SA11AI.21131

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : SA11AI.20829

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21374

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21636

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 868 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2015

Transaction ID : SA11AI.21890

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2015

Transaction ID : SA11AI.22153

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Transaction ID : SA11AI.22407

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)..... ►

115.38

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 869 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 04 / 2015

Transaction ID : SA11AI.22663

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**B. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2015

Transaction ID : SA11AI.22908

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

**C. Carlene C. Zincke**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2015

Transaction ID : SA11AI.23373

Amount of Each Receipt this Period

38.46

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

115.38

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 870 OF 892

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.22

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 02 / 2015

Transaction ID : SA11AI.19805

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 17 / 2015

Transaction ID : SA11AI.20321

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
Tampa FL 33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellCare Health Plans, Inc.

Occupation  
health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : SA11AI.20548

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

57.69

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 OF 892

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

Transaction ID : SA11AI.20710

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015

Transaction ID : SA11AI.21284

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City State Zip Code  
 Tampa FL 33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

Transaction ID : SA11AI.20997

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 872 OF 892  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SA11AI.21542

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

Transaction ID : SA11AI.21799

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	23	/	2015

Transaction ID : SA11AI.22053

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

Transaction ID : SA11AI.22311

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2015

Transaction ID : SA11AI.22570

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.75

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.22815

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ►

57.69

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 874 OF 892

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : SA11AI.23060

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**B. Scott R. Zinna**

Mailing Address 8735 Henderson Road

City	State	Zip Code
Tampa	FL	33634

FEC ID number of contributing federal political committee.

C

Name of Employer

WellCare Health Plans, Inc.

Occupation

health care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.21

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23346

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

38.46

TOTAL This Period (last page this line number only)..... ►

104422.11

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 OF 892

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Marco Rubio for U.S. Senate**

Mailing Address 2030 S. Douglas Road, Suite 105

City	State	Zip Code
Coral Gables	FL	33134

FEC ID number of contributing  
federal political committee.

C C00458844

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

Transaction ID : SA16.23113

Amount of Each Receipt this Period

5000.00

contribution refund

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 876 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address P. O. Box 606

City	State	Zip Code
Tarpon Springs	FL	34688

Purpose of Disbursement  
contribution

Candidate Name

**Gus Michael Bilirakis**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2015

**Transaction ID : SB23.23133**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Bob Casey for Senate, Inc.**

Mailing Address P. O. Box 58746

City	State	Zip Code
Philadelphia	PA	19102

Purpose of Disbursement  
contribution

Candidate Name

**Robert P. Jr. Casey**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	16	/	2015

**Transaction ID : SB23.23124**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Castor For Congress**

Mailing Address 301 W. Platt Street, #385

City	State	Zip Code
Tampa	FL	33606

Purpose of Disbursement  
contribution

Candidate Name

**Kathy Castor**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : SB23.23201**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 877 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address P. O. Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement  
contribution

Candidate Name

**Joseph R. Pitts**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

**Transaction ID : SB23.23130**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Mazie Hirono**

Mailing Address P. O. Box 677

City	State	Zip Code
Honolulu	HI	96809

Purpose of Disbursement

Candidate Name

**Mazie Hirono**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2018  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2015

**Transaction ID : SB23.23205**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Guthrie for Congress**

Mailing Address 504 Derek Avenue

City	State	Zip Code
Elizabethtown	KY	42701

Purpose of Disbursement  
contribution

Candidate Name

**S. Brett Guthrie**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2015

**Transaction ID : SB23.23193**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 878 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Hoyer's Majority Fund**Mailing Address 700 13th Stret, N.W.  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: MD District: 05Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : SB23.23181**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Jeffries for Congress**

Mailing Address P. O. Box 380320

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
contribution

Candidate Name

**Hakeem Jeffries**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NY District: 08Disbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2015

**Transaction ID : SB23.23132**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Kentucky Democratic Party**

Mailing Address P. O. Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement  
contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

**Transaction ID : SB23.23116**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00
---------

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 879 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Making America Prosperous PAC**

Mailing Address P. O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : SB23.23187**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Manchin for West Virginia**

Mailing Address P. O. Box 5202

City	State	Zip Code
Charleston	WV	25361

Purpose of Disbursement  
contribution

Candidate Name

**Joe Manchin III**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WV District: 00

Disbursement For: 2018

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : SB23.23211**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address P. O. Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
non-federal contribution

Candidate Name

**Frank Pallone**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 06

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : SB23.23188**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 880 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Pallone for Congress**

Mailing Address P. O. Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement  
contribution

Candidate Name

**Frank Pallone**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NJ	District: 06

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

**Transaction ID : SB23.23189**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. People for Patty Murray**

Mailing Address P. O. Box 3662

City	State	Zip Code
Seattle	WA	98124

Purpose of Disbursement  
contribution

Candidate Name

**Patty Murray**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WA	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2015

**Transaction ID : SB23.23120**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Price for Congress**

Mailing Address P. O. Box 425

City	State	Zip Code
Roswell	GA	30077

Purpose of Disbursement  
contribution

Candidate Name

**Thomas E. Price**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: GA	District: 06

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2015

**Transaction ID : SB23.23131**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Schatz for Senate**

Mailing Address P. O. Box 3828

City	State	Zip Code
Honolulu	HI	96812

Purpose of Disbursement  
contribution

Candidate Name

**Brian Schatz**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : SB23.23212**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Tim Scott for Senate**

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement  
contribution

Candidate Name

**Timothy E. Scott**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2015

**Transaction ID : SB23.23185**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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50000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Campaign to Elect Walter 'Four' Price State Rep.**

Mailing Address P. O. Box 1749

City	State	Zip Code
Amarillo	TX	79105

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SB29.23156

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Cindy Burkett Campaign**

Mailing Address P. O. Box 850975

City	State	Zip Code
Mesquite	TX	75185

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SB29.23160

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**C. David Givens for KY State Senate**

Mailing Address 901 Columbia Highway

City	State	Zip Code
Greensburg	KY	42743

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

Transaction ID : SB29.23151

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D13' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Three digital displays showing the date 10/13/2015 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '13' with 'D' indicators above it. The third display shows '2015' with 'Y' indicators above it.

1000.00

250.00

State:  District:

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Kay Floyd**

Mailing Address P. O. Box 12396

City	State	Zip Code
Oklahoma	OK	73157

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SB29.23175**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Larry Taylor**

Mailing Address P. O. Box 1208

City	State	Zip Code
Friendswood	TX	77549

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

**Transaction ID : SB29.23149**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Scott Martin**

Mailing Address 2916 Stonebridge Court

City	State	Zip Code
Norman	OK	73071

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SB29.23177**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Senator Jane Nelson**

Mailing Address P. O. Box 608

City  
GrapevineState  
TXZip Code  
76099Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

**Transaction ID : SB29.23162**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Tom Newell**

Mailing Address 35372 EW 1250

City  
SeminoleState  
OKZip Code  
74868Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SB29.23168**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Gary Van Deaver Campaign**

Mailing Address 1101 Hwy. 98

City  
New BostonState  
TXZip Code  
75570Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

**Transaction ID : SB29.23163**

Amount of Each Disbursement this Period

500.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Greg Treat for Senate**

Mailing Address 11328 Cimmaron Drive

City	State	Zip Code
Okahoma City	OK	73162

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

**Transaction ID : SB29.23171**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. John Frullo Cammpaign**

Mailing Address P. O. Box 64010

City	State	Zip Code
Lubbock	TX	79464

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2015

**Transaction ID : SB29.23142**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Judith Zaffirini Campaign**

Mailing Address 823 Congress Avenue, #1030

City	State	Zip Code
Austin	TX	78701

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2015

**Transaction ID : SB29.23165**

Amount of Each Disbursement this Period

750.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Keep Representative Jeff Greer**

Mailing Address P. O. Box 1007

City	State	Zip Code
Brandenburg	KY	40108

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

**Transaction ID : SB29.23126**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Kentucky Chamber PAC**

Mailing Address 464 Chenault Road

City	State	Zip Code
Frankfort	KY	40601

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		05		2015

**Transaction ID : SB29.23125**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. Kentucky Democratic Party**

Mailing Address P. O. Box 694

City	State	Zip Code
Frankfort	KY	40602

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2015

**Transaction ID : SB29.23115**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Kentucky House Republican Caucus Campaign Committee**

Mailing Address 105 W. 3rd Street

City	State	Zip Code
Greensburg	KY	42743

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2015

**Transaction ID : SB29.23218**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Phil Berger Committee**

Mailing Address P. O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

**Transaction ID : SB29.23215**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. Republican State House Committee**

Mailing Address P. O. Box 70894

City	State	Zip Code
Tulsa	OK	74170

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	27	/	2015

**Transaction ID : SB29.23190**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Richard Pena Raymond Campaign**

Mailing Address P. O. Box 450349

City	State	Zip Code
Laredo	TX	78045

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SB29.23153

Amount of Each Disbursement this Period

750.00
--------

Full Name (Last, First, Middle Initial)

**B. Sarah Davis for State Representative Campaign**

Mailing Address 4203 Tennyson Street

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

Transaction ID : SB29.23154

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Senate Republican Caucus Campaign Committee**

Mailing Address 105 W. 3rd Street

City	State	Zip Code
Greensburg	KY	42743

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2015

Transaction ID : SB29.23219

Amount of Each Disbursement this Period

2500.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4250.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 890 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Texans for Charles Schwertner**

Mailing Address P. O. Box 2448

City	State	Zip Code
Georgetown	TX	78627

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : SB29.23139**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Texans for Dan Patrick**

Mailing Address P. O. Box 685085

City	State	Zip Code
Austin	TX	78768

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	01	/	2015

**Transaction ID : SB29.23155**

Amount of Each Disbursement this Period

2000.00
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Full Name (Last, First, Middle Initial)

**C. Texans for Greg Abbott**

Mailing Address P. O. Box 308

City	State	Zip Code
Austin	TX	78767

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

**Transaction ID : SB29.23144**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 891 OF 892

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)

**A. Texans for Joe Straus**

Mailing Address P. O. Box 90388

City	State	Zip Code
San Antonio	TX	78209

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SB29.23145

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. Thayer for Senate**

Mailing Address 105 Spyglass Drive

City	State	Zip Code
Georgetown	KY	40324

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2015

Transaction ID : SB29.23138

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. The Pat McCrory Committee**Mailing Address 1235E East Boulevard  
Suite 179

City	State	Zip Code
Charlotte	NC	28203

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	12	/	2015

Transaction ID : SB29.23200

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

Wellcare Health Plans, Inc. PAC (WellCare PAC)

### A. Van Taylor Campaign

Mailing Address P. O. Box 261676

City	State	Zip Code
Plano	TX	75026

Purpose of Disbursement	non-federal contribution

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled 'M10' and has two pins labeled 'M'. The second connector is labeled 'D01' and has two pins labeled 'D'. The third connector is labeled 'Y2015' and has four pins labeled 'Y'.

Transaction ID : SB29.23158

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name	Age	Gender	Marital Status	Religion	Ethnicity	Education Level	Occupation	Income	Assets	Liabilities	Net Worth	Debt-to-Income Ratio	Credit Score	Loan History	Bankruptcy History	Insurance Coverage	Health Status	Family Size	Employment Stability	Housing Situation	Moving Costs	Cost of Living Index	Quality of Life Index	Social Security Number	Tax ID Number	Voter Registration	Political Affiliation	Charitable Contributions	Volunteer Hours	Community Involvement	Neighborhood Safety	Public Services	Local Government	State Government	Federal Government	International Relations	Global Climate Change	Space Exploration	Nuclear Energy	Renewable Energy	Artificial Intelligence	Bioethics	Genetic Engineering	Robotics	Autonomous Vehicles	Drones	Cybersecurity	Data Privacy	Digital Marketing	E-commerce	Blockchain Technology	Cryptocurrency	Smart Cities	Internet of Things	Cloud Computing	Big Data Analytics	Machine Learning	Deep Learning	Generative AI	Augmented Reality	Virtual Reality	Metaverse	Quantum Computing	Space Colonization	Interplanetary Travel	Human Spaceflight	Commercial Spaceflight	Private Spaceflight	Government Spaceflight	Space Tourism	Space Mining	Space Manufacturing	Space Agriculture	Space Medicine	Space Education	Space Research	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength	Space Resilience	Space Perseverance	Space Determination	Space Ambition	Space Drive	Space Passion	Space Enthusiasm	Space Excitement	Space Wonder	Space Awe	Space Inspiration	Space Creativity	Space Imagination	Space Curiosity	Space Inquiry	Space Exploration	Space Discovery	Space Innovation	Space Entrepreneurship	Space Investment	Space Finance	Space Law	Space Ethics	Space Policy	Space Regulation	Space Governance	Space Diplomacy	Space Cooperation	Space Competition	Space Conflict	Space War	Space Peace	Space Unity	Space Harmony	Space Prosperity	Space Well-being	Space Happiness	Space Health	Space Wealth	Space Power	Space Influence	Space Legacy	Space Future	Space Hope	Space Faith	Space Love	Space Compassion	Space Kindness	Space Generosity	Space Gratitude	Space Joy	Space Serenity	Space Tranquility	Space Calmness	Space Peacefulness	Space Positivity	Space Optimism	Space Confidence	Space Courage	Space Strength
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Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

1000.00

**TOTAL** This Period (last page this line number only).....

37000.00